# **Original Research Article**

# Occurrence of hepatitis B, C, and HIV among blood donors at different hospitals of Lahore, Pakistan

# **ABSTRACT**

The study's objectives are to find out the frequency of hepatitis C, B, and HIV infection among blood donors at different hospitals of Lahore; to understand the relationship of demographic risk factors contributing to the positive cases of hepatitis C, B, and HIV. A cross-sectional study with random sampling in which 200 blood donors participated. Donors who were unwilling to participate, less than 18 years, pregnant women, and weighing's than 50 kg, were exclusive of sampling. A questionnaire was used to record the social and personal practices. A small percentage of blood donors have a history of jaundice. The majority have an account of getting their hair shaved by barbers. More than one-fourth had undergone surgical intervention, and more than one-third had suffered a needle stick injury. The vast majority had a history of I/V injections/drips, tooth extraction/dental operations, or both. 10.5% of blood donors were Anti-HBV positive, 12.5% were Anti-HCV positive, and 0.5% were HIV positive. Shaving from community barbers should be avoided. In addition, to overcoming hepatitis B, C, and HIV transmission, health education programs should be held among blood donors and the general public to prevent them from infection.

Key Words: Occurrence, blood donors, HBV, HCV, HIV, hospitals, Lahore

# INTRODUCTION

Viral hepatitis is one of the global public health issues caused by hepatitis B virus (HBV), and hepatitis C virus (HCV) is declared to be a significant cause of mortalities in developing countries (Shah, & Ehsan, 2009) (Cardona et al., 2020).

Approximately 2.2% of the world is HCV victims (Weinberg, Zarka, Levy, & Shinar, 2009). Furthermore, according to literature, 140 million people previously analyzed to be positive for HCV antibodies are persistently infected, claiming HCV as one of the severe chronic bloodborne viral caused infections in the world (Neyts, Leyssen, & De Clercq, 1999).

It is anticipated that approximately 350 million people, that is, 7% of the total population worldwide, are chronic HBV carriers (Kao et al., 2002). In southeast Asia, Chronic HBV infection is endemic where 10% population may be infected (Purow & Jacobson, 2003).

Since 1930 blood has been used for various disease indications. With the help of better storage techniques and the utilization of blood banks, the stored blood has become more widely used in patients. According to Shepard, Finelli & Alter (2005), more than one and a half million blood pints are collected per annum in Pakistan. 65% of the collected blood is from replacement donors, 25% from volunteer donors, and about 10% from professional donors (Qureshi et al., 2009). "Hepatitis B, C, HIV" and many other diseases are mainly transmitted through the blood (Chaudhary et al., 2007).

More than 15 million people are sick with hepatitis B and C viruses (Mustafa et al., 2021). Pakistan government announced a National Blood Policy in 2003 to ensure, before transfusion, the appropriate screening of blood (Waheed et al., 2009). Through blood transfusion, the threat of hepatitis transmission has been reported. Lack of accurate blood screening and late launching of vaccination is associated with HBV spread in Pakistan (Khan et al., 2011; Tunio et al., 2013). In Pakistan, before initiation of donor screening for hepatitis, transfusion of blood or plasmaderived products was linked with a significant risk of acquisition of HBV and HCV (Rahman, Akhtar & Lodhi, 2002). By 2003, 7% of the total transmission of "AIDS" in Pakistan was caused by contaminated blood and blood products (Shah, & Ehsan, 2009).

Blood-beared viruses such as "hepatitis B, hepatitis C, and HIV" have infected millions of people worldwide (Ataei & Shirani, 2012). Hepatitis is the inflammation of liver cells and is prevalent in all parts of the world, irrespective of socioeconomic status. It is less in countries with high standards of living, e.g., Australia and North Europe. It is high in developing countries like Africa, Southeast Asia, and China (Park, 2013). The pervasiveness of infectious diseases is rising in developing countries, which may warn donated blood's biological safety. Among the blood donors, "HCV infection" was by far more repeatedly identified than "HBV and HIV infections." Because of the grave consequences of the disease, there is a need to study the frequency of "hepatitis B, hepatitis C and HIV" infection among blood donors for constituting the proper screening program at Blood Transfusion Centers.

HIV and HBV share standard transmission modes, including bloodborne and vertical routes (Adesina et al., 2010). For example, hepatitis C and B virus are transmitted parentally due to HBV infection to blood contacts, including sexual contacts, abrasion with contaminated sharp

tools, needles, and perinatal transmission to the child from infected mothers (Bosan et al., 2010). At the same time, HIV infection is transmitted through unprotected sexual intercourse, mother-to-child transmission, sharing HIV-infected injection and equipment by drug abusers, and transfusion of HIV contaminated blood and blood products.

The frequency of transfusion trials was the only significant risk factor associated with HCV and HIV infections but not for HBV (Katabuka et al., 2012). Even though other microorganisms may cause bloodborne diseases, "hepatitis B, C, and human immunodeficiency virus" are the most common pathogens (Narin et al., 2012). Insecure injection practices are a significant public health problem and can direct bloodborne pathogens' transmission (Abkar et al., 2013).

In the latter half of the century, the extensive availability of injectable therapies and increased illegal injection drug use were believed to be responsible for the swift emergence of hepatitis C virus infection. They are also considered prime risk factors for "HCV" transmission worldwide (Alter, 2011).

HCV infection is associated with close relationships with injection drug users (IDUs) or HIV-seropositive partners (Caiaffa et al., 2011). In addition, family substitute blood donors are more likely to transmit "transfusion-transmissible infections (TTIs)" than voluntary blood donors (Durro, Koraqi & <u>Saliasi</u>, 2010).

Although voluntary donations are harmless compared with replacement ones, they need to be encouraged (Kaur et al., 2010). The selection of healthy blood donors is essential to ensure disease-free healthy blood. A confidential self-exclusion (CSE) system was adopted so that high-risk donors could secretly exclude their blood from use in transfusions (Kasraian & Tavasoli, 2010). Transfusion-transmitted infections continue to be a hazard to safe transfusion procedures. Multiple conditions cause a small but definite risk to the recipients of blood products. Chronic disease with the "hepatitis C virus" is more prevalent than human immunodeficiency virus infection (Krauskopf et al., 2011). Coinfection of "HIV and other sexually transmitted diseases (STDs)" is extensive and widespread where the coinfection of "hepatitis B & C virus with human immunodeficiency virus" harms liver disease progression (Chen et al., 2013). For the coinfection of "HIV and HCV," injection drug use (IDU) is the most customarily recognized risk factor (Burton et al., 2010).

The Centers for Disease Control (CDC) and Prevention for HIV carriers suggest routine yearly screening for STDs Banani et al., 2013). Regular test of the blood for HCV and HBV, and HIV is also strongly recommended and individualized counseling to recognize those at risk. To

monitor and prevent these bloodborne viruses, improved surveillance and systematic epidemiological studies must be undertaken (Anbazhagan et al., 2010). In HIV-positive individuals, Hepatitis C virus coinfection is reported frequently and responsible for increased morbidity and mortality. Findings demonstrate a high prevalence with a 13 fold higher risk of HCV coinfection among HIV-positive (Balogun al., 2010). patients et (Placeholder12)Coinfection of acute HIV and acute hepatitis B is rare (Banasal et al., 2010). Hepatitis B, C, and HIV are threats to society increasing day by day. World Health Organization releases a public health strategy on viral hepatitis to fulfill the 2030 Agenda for Sustainable Development. This strategy emphasizes hepatitis B and C due to their relative public burden (WHO., 2016). However, researchers are working on the causes, prevention, and treatment. But as it is increasing continuously, there is more need to reach the roots of the prevalence of the diseases. Therefore, we planned to research this particular area. This study can draw the attraction of the ordinary person to the awareness about the existence of Hepatitis B, C, and HIV in the donated blood.

**MATERIAL AND METHODS**. The study was conducted at four hospitals in Lahore. It was a cross-sectional study. All the male and female blood donors came to the blood bank of four hospitals of Lahore, i.e., Lahore General Hospital, Services Hospital Lahore, Mayo Hospital Lahore, and DHQ. Kot Khawaja Saeed Hospital Lahore was the study population.

It was random sampling. The study's sample size was 200 blood donors (50 donors from each hospital), representing the population in different areas of Lahore. Sample size 200 was selected because it was an adequate size to deal with during the limited research time. Sample Analysis of "Hepatitis B, C, and HIV" was done by the kit method.

Inclusive Criteria were adults above 18 years reporting to the blood bank for voluntary blood donation. Healthy blood donors. Age minimum 18 years and weight at least 50 kg

Exclusive Criteria Donor who is not willing to participating in the study. Persons diagnosed with "HEPATITIS B, C, and HIV, age below 18 years, pregnant lady and underweight below 50kg.

The Data collected through a questionnaire. We prepared a questionnaire after a discussion with my colleagues; it was in the English language. I collected data for all participants. The detailed history and different variables were also studied on the same questionnaire in Hepatitis C, Hepatitis B, HIV infection reactive cases.

The computer software SPSS version 16.0 was used for data entry and analysis. The mean and standard deviation were used to present quantitative variables. Where applicable, qualitative variables were presented using a frequency table, percentages, and suitable charts. To access the association between the qualitative variables' chi-test was used. Association of positive cases of HCV/HbsAg/H.I.V. was seen with demographic factors and other evident factors. P-value  $\leq 0.05$  was taken as significant. Hepatitis B, C, and HIV infection reactive cases were the dependent variables. In contrast, independent variables were age, sex, educational and marital status, previous history of jaundice, occupation, blood transfusion record, drug addiction, and sexual contact with sex workers were the independent variables.

**RESULTS:** According to the data, there is no statistically significant relationship between using a common pin in teeth and getting HBV, HCV, or HIV. There is no statistically significant relationship between sharing scissors and having HBV, HCV, or HIV in this study. The findings show a statistically significant link between nail cutter sharing and HBV and HCV infections, but no link between nail cutter sharing and HIV infection. Consequently, there is no statistically significant link between sharing toothbrushes and having HBV, HCV, or HIV in this research. The findings reveal no statistically significant association between sharing razors and having HBV or HIV infections. However, there is a statistically significant link between sharing nail cutters and having HCV infection.

There is no statistically significant link between shaving from barbers and having HBV, HCV, or HIV in this study. Thus, the result shows that in this study, there is no statistically significant association for the history of tattooing and having HBV, HCV, and HIV Table clarifies that out of 200 blood donors, 163 (81.5%) had a history of I/v injections/drips while 37 (18.5%) blood donors had no such history.

#### **DISCUSSION:**

Blood transfusion is considered one of the significant sources of "Hepatitis B, C, and HIV" transmission. Numerous people die every year owing to these diseases. The primary reasons behind this are inadequate resources, weak infrastructure, untrained staff, week policies, regular break-down, and improper blood screening about "Hepatitis B, C, and HIV." In contrast, blood donors are the leading source of these transmissions. The current study was carried out to know the occurrence of "Hepatitis B, C, and HIV" amongst blood donors. To obtain satisfactory outcomes, a group of 200 blood donors coming to the blood bank of four hospitals of Lahore,

namely Lahore General Hospital, Services Hospital Lahore, Mayo Hospital Lahore, and DHQ. Kot Khawaja Saeed Hospital Lahore was included in the study. The study revealed that 48.0% of blood donors were up to 30 years old, while a majority (52.0%) were more than 30. Research presented data on the prevalence of HBV, HCV, and HIV among blood donors in northern areas of Pakistan. It recommended doing similar studies in other urban and rural areas of Pakistan (Muhammad et al., 2020). A similar survey conducted by Al-Ghani (2011) regarding the pervasiveness of "Hepatitis B, C and HIV" infections among blood donors showed that 51.2% of blood donors were up to 30 years old and 48.8% were more than 30 years old. The study disclosed that most of the blood donors were males (90.5%). This corresponds to the findings of the survey conducted by Chaudhary and coworkers (2007), who reported that male blood donors were in the majority (97.1%).

Education plays an imperative role and helps in adopting safety measures. It was very discouraging that a significant proportion (53.5%) of blood donors was illiterate, which could be a considerable threat for the healthy people who care about their health by adopting safety measures. Still, because of taking donated blood, they become a victim. It is pertinent to mention that most blood donors (65.5%) were unemployed, and blood donation could be their profession. In contrast, blood transfusion from a professional blood donor is not considered a healthy practice.

During the study, a mainstream (81.5%) of blood donors had a history of previous blood donation. The findings of our study are comparable with the research conducted by Sulehri and colleagues (2013), who confirmed that the majority (97.0%) of blood donors had a history of blood donation. Another study conducted by Khan and partners (2012) asserted that 8.3% of blood donors had a history of blood donating.

Blood from such donors who have a history of jaundice should be avoided. It was disturbing that 11.0% of blood donors had a history of jaundice. The study's findings conducted by Sulehri and colleagues (2013) are much better than our study results which reported that only 4.7% of blood donors had a history of jaundice. The study further revealed that 20.5% of blood donors had a history of blood transfusion, while Sulehri and colleagues asserted that 6.0% of blood donors had a history of blood transfusion.

Addiction is an unhealthy habit that makes people careless, and they do not care about safety measures. Therefore, it was very discouraging that 6.5% had a history of drug addiction among

blood donors. The study's results done by Sulehri and colleagues (2013) are better than our study results in that only 1.3% of blood donors had a history of drug addiction. Therefore, blood transfusion from professional blood donors should be avoided. It is pertinent to mention that 44.5% were professional blood donors.

Sexual contact with sex workers infected with HCV, HBV, and HIV could be a significant cause of such infections. The study disclosed that 1.0% of blood donors had a history of sexual contact with sex workers infected with HCV, HBV & HIV.

Surgical intervention is a part of life and cannot be avoided in an emergency/health problem. The study identified that 28.5% of blood donors had a history of surgical intervention. The survey's findings carried out by Sulehri and colleagues (2013) showed better results than 6.0% of blood donors who had a history of surgical intervention.

Needlestick injury and use of common pin in teeth could occur because of infection. It is essential to mention that 35.0% of blood donors had a history of needle stick injury, while 22.5% had a history of using a common pin in the teeth. The findings of our study are comparable with the research done by Bhutta and associates (2012), who asserted that 25.0% of blood donors had a history of using a common pin in the teeth.

Ear and nose piercing is not suitable for health, and such practice should be discouraged to prevent "Hepatitis B, C, and HIV" infections. The study showed that 13.5% of blood donors had a history of ear and nose piercing. The analysis performed by Bhutta and associates (2012) exhibited a better scenario that 8.0% of blood donors had a history of ear and nose piercing.

Scissor sharing could also pose a threat of infection. During the study, it was found that only 2.5% of blood donors had a history of scissor sharing. The findings of our study are much better than the study undertaken by Bhutta and associates (2012), who reported that 41.7% of blood donors had a history of scissor sharing. Similarly, nail cutter sharing is also not good. In our study, 35.5% of blood donors had a history of nail cutter sharing. The results of our study are comparable with the research carried out by Minga and coworkers (2010), who elucidated that 36.0% of blood donors had a history of nail cutter sharing.

Toothbrush sharing is an unhealthy habit and should be avoided to prevent "Hepatitis B, C and HIV" and other infectious diseases. Therefore, it was alarming that 1.5% of blood donors had a history of toothbrush sharing. But the results of our study are better than the study conducted by Akhtar and colleagues (2013), who reported that 2.7% of blood donors had a history of toothbrush sharing. Likewise, 23.5% of blood donors had a history of razor sharing. The study

conducted by Akhtar and colleagues exhibited a better scenario that only 2.7% of blood donors had a history of razor sharing.

To reduce the risk of infection, shaving from barbers should be discouraged. The study disclosed that a significant proportion (53.0%) of blood donors had shaving from barbers. The survey's findings carried out by Thakral and associates (2006) are better than our study results in that 32.0% of blood donors had a history of shaving from barbers.

An enormous portion (81.5%) of blood donors had a history of I/V injections/drips during the study. The findings of our study are comparable with the research conducted by Bhutta and associates (2012), who confirmed that the majority (75.0%) of blood donors had a history of I/v injections/drips. A study in major cities of Punjab, including Lahore, reported a high significance of HIV because of reusing the syringes and injections (Ali et al., 2021). Similarly, tooth extraction is also one of the significant sources of infection. In our study, 42.5% of blood donors had a history of tooth extraction or dental procedures. Research done by Bhutta and associates exhibited a better scenario in that 33.3% of blood donors had a history of tooth extraction / dental practice.

Serology test was performed among blood donors and found that 10.5% blood donors were Anti-HBV positive, 12.5% were Anti-HCV positive and 0.5% blood donor was HIV positive. At the same time, the study undertaken by Ymele and coworkers (2012) confirmed that HBV, HCV, and HIV infection prevalence was 12.14%, 1.44%, and 4.44%, respectively.

Health department intervention and NGO participation are required to create awareness among blood donors to prevent "Hepatitis B, C, and HIV" infections. Media can also play a significant role by regularly broadcasting health education programs to prevent donors of blood and the general public from illness.

# **CONCLUSION**

The pervasiveness of "Hepatitis B, C, and HIV" is increasing rapidly among the population in Pakistan. Blood transfusion without screening is considered a leading cause of spread, while many other risk factors like extramarital relation, shaving from barber and tattoo marks, etc., are also associated. Blood donors are the primary source of "Hepatitis B, C, and HIV" transmission within the population. Health education programs must be held among blood donors to educate them regarding the ill effects of "hepatitis B, C, and HIV" infection. NGO participation and health department intervention could be more beneficial to inform people as well as blood donors.

# REFERENCES

- 1. Abkar, M.A., Wahdan, I.M., Sherif, A.A. and Raja'a, Y.A. (2013). Unsafe injection practices in Hodeidah governorate, Yemen. *J. Infect. Publ. Health*, **6**: 252-260. https://pubmed.ncbi.nlm.nih.gov/23806699/
- 2. Adesina, O., Oladokun, A., Akinyemi, O., Adedokun, B., Awolude, O. and Odaibo, G., et al. (2010). Human immunodeficiency virus and hepatitis B virus coinfection in pregnancy at the University College Hospital, Ibadan. *Afr. J. Med. Med. Sci.*, **39**: 305-310. https://europepmc.org/article/med/21735996
- 3. Alter, M.J. (2011). HCV routes of transmission: what goes around comes around. *Semin. Liver Dis.*, **31**: 340-346.
  - https://www.researchgate.net/publication/51905905\_HCV\_Routes\_of\_Transmission\_What\_Goes\_Around\_Comes\_Around
- 4. Anbazhagan, G.K., Krishnamoorthy, S. and Thiyagarajan, T. (2010). Seroprevalence of HCV and its coinfection with HBV and HIV among liver disease patients of South Tamil Nadu. *World J. Hepatol.*, **2**: 42-48. <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2998949/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2998949/</a>
- 5. Ataei, B. and Shirani, K. (2012). Evaluation of knowledge and practice of hairdressers in men's beauty salons in Isfahan about hepatitis B, hepatitis C, and AIDS in 2010 and 2011. *Adv. Biomed. Res.*, 1: 75. https://www.advbiores.net/article.asp?issn=2277
- 6. Banani, S., Schlaeffer, F., Leibenson, L., Saidel-Odes, L., Shemer, Y. and Sagi, O., et al. (2013). Prevalence of sexually transmitted diseases (STD) in HIV positive women in southern Israel. *Harefuah*, **152**: 204-248.
- 7. Banasal, R., Policar, M. and Mehta, C. (2010). Acute hepatitis B and acute HIV coinfection in an adult patient: a rare case report. *Case Rep. Med.*, 820506. https://doi.org/10.1155/2010/820506
- 8. Bhutta, A.Z. Tahir, Z., Ayub, S., Mushtaq, S. (2012). Seroprevalence of anti-HCV in non-professional. http://pjmhsonline.com/JanMarch2012/seroprevalence\_of\_antihcv\_in\_non%20profession al%20blood%20donors.htm
- 9. Bosan, A., Qureshi, H., Bile, K.M., Ahmad, I. and Hafiz, R. (2010). A review of hepatitis viral infections in Pakistan. *J. Pak. Med. Assoc.*, **60**: 1045-1058. https://jpma.org.pk/PdfDownload/2463
- Burton, M.J., Reilly, K.H. and Penman, A. (2010). Incarceration as a risk factor for hepatitis C virus (HCV) and human immunodeficiency virus (HIV) coinfection in Mississippi. *J. Health Care Poor Underserved*, 21: 1194-1202. <a href="https://pubmed.ncbi.nlm.nih.gov/21099071/">https://pubmed.ncbi.nlm.nih.gov/21099071/</a>

- 11. Caiaffa, W.T., Zocratto, K.F., Osimani, M.L., Martínez, P.L., Radulich, G. and Latorre, L., et al. (2011). Hepatitis C virus among non-injecting cocaine users (NICUs) in South America: can injectors be a bridge? *Addiction*, **106**: 143-151. <a href="https://www.medigraphic.com/cgi-bin/new/resumen.cgi?IDARTICULO=78036">https://www.medigraphic.com/cgi-bin/new/resumen.cgi?IDARTICULO=78036</a>
- 12. Chaudhary, I.A., Samiullah, Khan, S.S., Masood, R., Sardar, MA and Mallhi, A.A. (2007). Seroprevalence of hepatitis B and C among the healthy blood donors at Fauji Foundation Hospital, Rawalpindi. *Pak. J. Med. Sci.*, **23**: 64-67. <a href="https://pjms.com.pk/issues/janmar07/article/article11.html">https://pjms.com.pk/issues/janmar07/article/article11.html</a>
- 13. Chen, X., He, J.M., Ding, L.S., Zhang, G.Q., Zou, X.B. and Zheng, J. (2013). Prevalence of hepatitis B virus and hepatitis C virus in patients with human immunodeficiency virus infection in central China. *Arch. Virol.*, **158**: 1889-1894. <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5879580/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5879580/</a>
- 14. Durro, V., Koraqi, A. and Saliasi S. (2010). Trends in the prevalence of transfusion-transmissible infections among blood donors in Albania. *Clin. Lab.*, **56**: 591-595. <a href="https://pubmed.ncbi.nlm.nih.gov/21141446/">https://pubmed.ncbi.nlm.nih.gov/21141446/</a>
- 15. Kao, J.H., Chen, P.J., Lai, M.Y. and Chen, D.S. (2002). Occult hepatitis B virus infection and clinical outcomes of patients with chronic hepatitis C. *J. Clin. Microbiol.*, **40**: 4068-4071. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC139665/
- 16. Kasraian, L. and Tavasoli, A. (2010). Positivity of HIV, hepatitis B and hepatitis C in patients enrolled in a confidential self-exclusion system of blood donation: a cross-sectional analytical study. *Sao Paulo Med. J.*, **128**: 320-323. <a href="https://www.scielo.br/scielo.php?script=sci\_arttext&pid=S1516-31802010000600002">https://www.scielo.br/scielo.php?script=sci\_arttext&pid=S1516-31802010000600002</a>
- 17. Katabuka, M., Mafuta, M.E., Ngoma, A.M., Beya, P.M., Yuma, S. and Aketi, L., et al. (2012). Prevalence and risk factors for hepatitis C virus, hepatitis B virus, and human immunodeficiency virus in transfused children in Kinshasa. *Indian J. Pediatr.*, **80**: 659-662. https://www.jahjournal.org/article.asp?issn=1658-5127;year=2015;
- 18. Khan, A., Bukhari, S.S., Alvi, M.I. and Qazi, A. (2011). Seroprevalence of hepatitis B, hepatitis C and HIV in blood donors of Peshawar. *Gomal J. Med. Sci.*, **9**: 46-50. https://gims.com.pk/index.php/journal/article/view/225
- 19. Khan, S., Attaullah, S., Ayaz, S., Khan, S., Shams, S. and Ali, I., et al. (2011). Molecular epidemiology of HCV among the health care workers of Khyber Pakhtunkhwa. *Virol. J.*, **8**: 105. https://virologyj.biomedcentral.com/articles/10.1186/1743-422X-8-105
- 20. Khan, S., Rehman, N. and Raziq, F. (2012). Donor deferral: evaluation of causes on pre donor screening. *Gomal J. Med. Sci.*, **10**: 23-26. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5613423/

21. Krauskopf, K., McGinn, T.G., Federman, A.D., Halm, E.A., Leventhal, H. and McGinn, L.K., et al. (2011). HIV and HCV health beliefs in an inner-city community. *J. Viral. Hepat.*, **18**: 785-791. https://pubmed.ncbi.nlm.nih.gov/20950406/

22. Narin, I., Gedik, H. and Voss, A. (2012). Blood and body fluid exposures in health-care settings: risk reduction practices and postexposure prophylaxis for health-care workers. *Curr. Infect. Dis. Rep.*, **14**: 607-611. https://pubmed.ncbi.nlm.nih.gov/15551378/

23. Neyts, J., Leyssen, P., & De Clercq, E. (1999). Infections with flaviviridae. *Verh K Acad Geneeskd Belg.*, **61:** 661-697. <a href="https://pubmed.ncbi.nlm.nih.gov/10655776/">https://pubmed.ncbi.nlm.nih.gov/10655776/</a>

24. Park, K. (2013). Park's text book of preventive and social medicine (21st ed.). Jabalpur: Banarsidas Bhanot; pp. 190-198. <a href="https://www.worldcat.org/title/parks-textbook-of-preventive-and-social-medicine/oclc/936412409">https://www.worldcat.org/title/parks-textbook-of-preventive-and-social-medicine/oclc/936412409</a>

- 25. Purow, D. and Jacobson, I.M. (2003). Slowing the progression of chronic hepatitis B: early antiviral therapy can help minimize complications. *Postgrad. Med.*, **114**: 65-76. <a href="https://pubmed.ncbi.nlm.nih.gov/12875056/">https://pubmed.ncbi.nlm.nih.gov/12875056/</a>
- 26. Qureshi, H., Arif, A., Riaz, K., Alam, S.E., Ahmed, W. and Mujeeb, S.A. (2009). Determination of risk factors for hepatitis B and C in male patients suffering from chronic hepatitis. *B.M.C. Res. Notes*, **2**: 212. <a href="https://bmcresnotes.biomedcentral.com/articles/10.1186/1756-0500-2-212">https://bmcresnotes.biomedcentral.com/articles/10.1186/1756-0500-2-212</a>
- 27. Rahman, M., Akhtar, G.A. and Lodhi, Y. (2002). Transfusion transmitted HIV & HBV infections in Punjab, Pakistan. *Pak. J. Med. Sci.*, **18**; 18-25. https://vlibrary.emro.who.int/imemr/transfusion-transmitted-hiv-and-hbv-infections-in-

https://vlibrary.emro.who.int/imemr/transfusion-transmitted-hiv-and-hbv-infections-in-punjabpakistan/

- 28. Shah, S.A.R. and Ehsan, A. (2009). Seroprevalence of surrogate markers for hepatitis B, hepatitis C and HIV in healthy blood donors at Shaikh Zayed Medical Complex, Lahore. *Annals*, **15**: 5-10. <a href="https://ecommons.aku.edu/cgi/viewcontent.cgi?article=1866&context=pakistan\_fhs\_mc">https://ecommons.aku.edu/cgi/viewcontent.cgi?article=1866&context=pakistan\_fhs\_mc</a> pathol microbiol
- 29. Shepard, C.W., Finelli, L. and Alter, M.J. (2005). Global epidemiology of hepatitis C virus infection. *Lancet Infect. Dis.*, **5**: 558-567. <a href="https://pubmed.ncbi.nlm.nih.gov/16122679/">https://pubmed.ncbi.nlm.nih.gov/16122679/</a>
- 30. Sulehri, M.A., Hussain, S.J., Mehmood, Q. and Javed, S.H. (2013). Incidence of false sero-negative blood donor cases for hepatitis-c in public and private hospitals of city District Faisalabad. *APMC*, 7: 11-16. https://apmcfmu.com/index.php/apmc/article/view/415

- 31. Tunio, S.A., Bano, S., Laghari, Z.A., Ali, W., Shamim, H. and Afreen, U. (2013). Seroprevalence of hepatitis B and hepatitis C among blood donors in Hyderabad, Pakistan. *Gomal J. Med. Sci.*, **11**: 220-223. <a href="https://www.pafmj.org/index.php/PAFMJ/article/download/715/577/">https://www.pafmj.org/index.php/PAFMJ/article/download/715/577/</a>
- 32. Waheed, Y., Shafi, T., Safi, S. and Qadri, I. (2009). Hepatitis C virus in Pakistan: a systematic review of prevalence, genotypes and risk factors. *World J. Gastroenterol.*, **15**: 5647-5653. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2789216/
- 33. Weinberg, I., Zarka, S., Levy, Y., & Shinar, E. (2009). Why would young people donate blood? A survey-based questionnaire study. *Vox Sang.*, **96:** 128-132. https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1423-0410.2008.01137.x
- 34. World Health Organization. (2016). Global health sector strategy on viral hepatitis 2016-2021. Towards ending viral hepatitis (No. WHO/HIV/2016.06). World Health Organization. http://apps.who.int/iris/bitstream/10665/246177/1/WHO-HIV-2016.06-eng.pdf
- 35. Ali, G., Sharif, M., Jabeen, A., Kabira, M. U., & Ashfaq, K. (2021). HBV, HCV, HIV & TB Prevalence in Injection Drug Users in Major Cities of Punjab, Pakistan-a Survey-Based Research Report. <a href="https://jpma.org.pk/article-details/7864?article\_id=7864">https://jpma.org.pk/article-details/7864?article\_id=7864</a>
- 36. Mustafa, Z. U., Kow, C. S., & Hasan, S. S. (2021). Effect of COVID-19 on viral hepatitis services in Pakistan. The Lancet Gastroenterology & Hepatology, 6(3), 163-164. <a href="https://pure.hud.ac.uk/en/publications/effect-of-covid-19-on-viral-hepatitis-services-in-pakistan">https://pure.hud.ac.uk/en/publications/effect-of-covid-19-on-viral-hepatitis-services-in-pakistan</a>
- 37. Maqsood, S., Iqbal, S., Zakar, R., Zakar, M. Z., & Fischer, F. (2020). Determinants of Overall Knowledge and Health Behaviors Towards Hepatitis B and C Among Ever-Married Women in Pakistan: Evidence Based on Demographic and Health Survey 2017–18.
  <a href="https://www.researchgate.net/publication/346999323\_Determinants\_of\_Overall\_Knowledge\_and\_Health\_Behaviors\_Towards\_Hepatitis\_B\_and\_C\_Among\_Ever-Married\_Women\_in\_Pakistan\_Evidence\_Based\_on\_Demographic\_and\_Health\_Survey\_2017-18</a>
- 38. Muhammad, W., Khan, M. J., & Saleh Alkarim, M. W. (2020). Prevalence of Hepatitis B, C & HIV in Replacement Donors at Northern Area of Pakistan. Bull. Env. Pharmacol. Life Sci, 9, 149-154.
- 39. Cardona-Arias, J. A., Correa, J. C. C., & Higuita-Gutiérrez, L. F. (2020). Prevalence of hepatitis B/C viruses and associated factors in key groups attending a health services institution in Colombia, 2019. PloS one, 15(9), e0238655.

